

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584514

FILING DATE

6-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4		3				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12	1		1			
13		1				
14		1				
15		1				
16		3				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		1				
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	22	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						